

## PART B - FEE(S) TRANSMITTAL

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7590

10/04/2004

Garlick, Harrison & Markison LLP  
P.O. Box 160727  
Austin, TX 78716

## Certificate of Mailing or Transmission

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12/28/2004 HVUONG2 00000031 501415 09558901

01 FC:2501 700.00 DA

Diane Hudson (Depositor's name)  
Diane Hudson (Signature)  
12-22-04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/558,901	04/26/2000	Michael A. Margules	SIG980508	1742

TITLE OF INVENTION: METHOD AND APPARATUS FOR DATA RECOVERY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	<del>\$685</del> \$700	\$0	<del>\$685</del> \$700	01/04/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
GHULAMALI, QUTBUDDIN	2637	375-361000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

GARLICK, HARRISON & MARKISON, LLP  
TIMOTHY W. MARKISON

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SIGMATEL, INC.

AUSTIN TX

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1415 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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